

ated with aging is declining, but we anticipate that the later years will continue to be a time in which people are highly vulnerable to disability.

Figure 6 also shows that more than one in four North Carolinians 75 and older have severe visual and/or hearing impairment, compared to only 11 percent of people 65 to 74 and less than 4 percent of younger adults (21 to 64). The nature and causes of sensory disability and the most desirable ways of functioning with these disabilities are sometimes not the same for the young and old, and this is particularly true for the sensory disabilities. For example those who lose hearing in later life very rarely learn to sign, and those who lose vision in older ages are less likely than their younger compatriots to learn to read Braille. Nonetheless, the livable and senior-friendly community is one with ample accommodation for those with disabilities in all age groups.

Mental health disability also increases with age, although this assumption can be clouded by disagreements about whether dementias are considered mental health disabilities. In the relatively near future, probably within the term of this *Plan*, we will see an increase in the number of older adults seeking help from the mental health system. This is because the stigma of mental health treatment is considerably lower for the boomer generation than for the generations that preceded them. A person who is 72 years old and struggling with depression or anxiety today is most likely to seek help from his primary care physician, but a similar person 10 years from now may well seek help from a mental health professional. It is therefore imperative that livable and senior-friendly communities include trained geriatric mental health professionals.

Figure 6. Percent with Any Disability, with Sensory Disability, and with Mental Health Disability (Census Bureau Definitions), by Age Group, for NC Population 21+, 2005

